

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

X660

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24. Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

T-4-1-12-1	37				T =		
Establishm			•	Telephone Number	Date of In (mm/dd/y		
Redmen Club					1/	12019 19-246	
Establishment Address (number and street, city, state, zip code)				an ana ar 7:	11/	19-246	
	Mwh Sf.	<u>, </u>	New Albury, IN 47150	189 8631			
Owner				Purpose:	Follow-up Release Date		
Owner's Address				Routine	NO 10 days		
Owner's A	aaress			2. Follow-up	Summary of Violations:		
Person in C	Thoras			3. Complaint	1 5	, 8	
Dike	-narge	is	·	4. Pre-Operational	c 🛇	NC / R	
Responsible	e Person's	E-ma	il	5. Temporary	Menu Ty	pe (See back of page)	
pi -				6. HACCP			
Certified Fo	ood Manag کسنہ	rer Yh	(2/5/24)	7. Other (list)	12	3 <u>X</u> 45_	
	•			MADVED 66"	!	<u> </u>	
• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" • VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
		_		SUMMARY OF VIOLATIONS" A	ND IN THE I		
Section#	C/NC	R	Narrative Narrative			To Be Corrected By	
295	NL		Observed build-up in soda gun	at bor		T.dag	
			e e e e e e e e e e e e e e e e e e e				
		İ	Feldfiel to make C1 1 v/				
	-		Establishment is no longer owny food and will become a Man Type I for 2020/2021				
			bucene a Man 17px 1 ter	2020/202		*	
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Received by (name and title printed): Inspected by (name and title printed):							
_	DUR	t	MORRIS	A.).	Ingra	m (EHS)	
Received by (signature):				Inspected by (signature):			
Received by (signature):				9			
cc:			oc:		ce;		